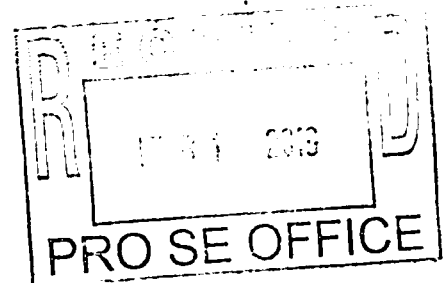


ORIGINAL

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK



Herman, Carlee McMillian
social security claimant
number redacted (4950)
Plaintiff,

CIVIL RIGHTS COMPLAINT
42 U.S.C. § 1983

[Insert full name of plaintiff/prisoner]

CV 16 00869
JURY DEMAND

YES ☒ NO ☐

-against-

Superintendent Harold
Graham Correctional
Officer David Watters
District Attorney Robert
Thomas Johnson

GLEESON, J.

GO, J.

Defendant(s).

[Insert full name(s) of defendant(s). If you need additional space, please write "see attached" and insert a separate page with the full names of the additional defendants. The names listed above must be identical to those listed in Part I]

- I. **Parties:** (In item A below, place your name in the first blank and provide your present address and telephone number. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff

If you are incarcerated, provide the name of the facility and address:

Herman Carlee McMillian
Auburn Correctional Facility
P.O. Box 618
Auburn New York 13024
Prisoner ID Number: 90T3238

If you are not incarcerated, provide your current address:

Telephone Number:

B. List all defendants. You must provide the full names of each defendant and the addresses at which each defendant may be served. The defendants listed here must match the defendants named in the caption on page 1.

Defendant No. 1

David Walters
Full Name

Correction Officer
Job Title

Auburn Correctional Facility
Auburn New York 13024 PO Box 618
Address

Defendant No. 2

Superintendent Harold
Full Name

Graham
Job Title

~~Robert Thomas Johnson~~
~~District Attorney of Bronx County~~
Address

Defendant No. 3

Robert Thomas Johnson
Full Name

District Attorney of Bronx County
Job Title

Address

Defendant No. 4

Full Name

Job Title

Address

Defendant No. 5

Full Name

Job Title

Address

II. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 ½ by 11 sheets of paper as necessary.)

Where did the events giving rise to your claim(s) occur?

AUBURN correctional
Facility P.O. Box 18
AUBURN new York 13024

When did the events happen? (include approximate time and date)

JAN 28, 2016 about 10:45 AM

Facts: (what happened?)

On or about 12:45 AM JAN: 28 - 2016
 Thursday Morning, I was ATTACKED in Auburn
 Correctional Facility I was attacked by
 of Jicer David Walters because he
 brought this paper to the cell saying that
 I was a rapist (sic) and a molester (A Child
 molester). I spat on the paper, since the
 Paper was addressed to me and I spat on
 the paper (it was my paper).

The guard David Walters took except-
 ion to this act and attacked me.
 He busted my lip after striking me
 twice. ^{or twice more} Of course I had no intention
 of fighting with this officer.

Even though I sued him I have
 I have no intention of making matters worse
 than they already are. For making more
 trouble for myself.

II.A. Injuries. If you are claiming injuries as a result of the events you are complaining
 about, describe your injuries and state what medical treatment you required. Was medical
 treatment received?

I have already told this officer I sued
 him. So he has no motive to attack me.
 Surely this is assault. My lip was busted
 pretty bad it was the upper left. For 20 days
 left on the sentence I don't need parole
 or time advance. I don't have any more
 days left on the sentence.

Surely Mr. Millian is under imminent danger of serious physical injury, and the officers refused me medical attention. I asked the sergeant at the mess hall and the sergeant in the Block, they both refused me medical attention. I asked the officer in the Block he refused me medical attention. It is easy to see that they are all turned against me. I must reason (my self) to filing my lawsuit about what happened to me at all burn correctional facility. The Guard have no evidence to support their allegation regardless to these charges, totally unsupported with any evidence. This Guard get all up in the my face calling me the names unsupported with any evidence. What so ever.

Surely I am not trying to write more trouble. But I speak on that paper if that action made this civil correction. I heard, I was in error, speaking on that paper. But in that a. I had reasons to attack me by striking me in my face causing my left upper lip to be severely injured. (smile) there is no evidence in the case and I am taking the Fifth Amendment against self-incrimination. There is no justification for such an attack. This is just a eighth Amendment violation of Mr. Millian's Constitutional Rights.

and refusing me medical attention

III. Relief: State what relief you are seeking if you prevail on your complaint.

As to all violations an award of damages against Corrections of Texas David Walters Superintendent Graham Etal is responsible for these assaults on M. Million This suit and put torture involving involving the alleged deprivation of Plaintiff constitutional individual and a Final Capacity in an amount of \$77,000,000,000,000,000,000

I declare under penalty of perjury that on _____, I delivered this
(date)

complaint to prison authorities at _____ to be mailed to the United
(name of prison)

States District Court for the Eastern District of New York.

Plus and Disbursement of this action including
I declare under penalty of perjury that the foregoing is true and correct.

Attorney Fees Pursuant 42 USC 1983 and
Dated: _____

Signature of Plaintiff
other relief for M. Million

which to this court
seems just and proper
as well as punitive
damages
Name of Prison Facility or Address if not incarcerated

Address

Prisoner ID#
